

Use of Automatic External Defibrillators

Use of automatic external defibrillators (AEDs) by emergency medical personnel may facilitate treatment for more victims of heart attacks, according to a study reported recently in *JAMA*. The study found that automatic devices required less training for proper use and that they delivered shock to the heart one minute faster than standard defibrillators.

Richard O. Cummins, M.D., M.P.H., M.S.C., of the University of Washington, Seattle, and colleagues, compared the effectiveness of both kinds of defibrillators used by emergency medical technicians (EMTs) in treating 321 patients with cardiac arrest. In their study, 116 patients were treated with AEDs, and 158 were treated with standard defibrillators (an additional 47 were treated by EMTs using the standard defibrillator even though they were assigned to use the AED).

Hospital admission and discharge rates of patients were comparable regardless of the type of device used. "The only significant difference observed was in the time from power on to first shock: 1.1 minutes average AUTO group and 2.0 minutes average standard group," the researchers say.

"Automatic external defibrillators appear to have advantages over standard defibrillators in training, skill retention, and faster operation," the report adds, noting that AEDs can make early defibrillation available for a much larger portion of the population.

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Editor's Message

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to the chart on behalf of the patient, but our actual expenditure of time with the patient is not great, and the amount of "caring" that we do is small.

Watching many attendings berate nurses (I've been guilty of this myself) leads me to suggest that we really are off base. We need to be sure that the nursing staff at every hospital is carefully selected and given responsibilities commensurate with their abilities. Furthermore, we should have compassion and understand-

ing for the difficult task they must undertake on a daily basis caring for our sick patients. I believe we have lost sight of the role that the nurse plays in the overall scheme of things and they should be given a greater attention and reward for their efforts. If it were not for the nursing staff at every hospital, our patients would not get the care we are prescribing. It wouldn't hurt to say, "Thank you, for caring for my patient," when you see a good job being done by the nursing staff. They need our support and we need theirs. ■

Marshall B. Block, M.D., Editor

President's Message

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and ArMA urge physicians to consider each patient's financial needs when setting charges and to accept Medicare assignment, reduce fees, or charge no fee at all in cases of true financial hardship.

Physician reimbursement must be more predictable and less inequitable. It is past time we had a resource-based relative value scale based on actual costs including factors such as the time required to provide a service, the complexity of the service, the training, equipment and overhead expense required to provide the service and the risk involved. Congress is working "at" it.

2.) Patients must be aware of cost and co-pay more when appropriate. When the Medicare system is threatened financially, there is no justification for subsidized care to those who are well-to-do. A "means test" may not be popular but it's good for the system. Medical research for better treatment in the near future and the education of new physicians are at risk in the current system that fails to realistically reimburse for medically indicated care.

Patients must be reminded that in our pluralistic society they will not be well-served by being forced into a particular delivery system based on the federal government's administrative convenience or perceived cost savings.

3.) The government must be persuaded to stop rearranging the deck chairs and do what's necessary to save sinking Medicare with sound fiscal policy (see AMA: *Proposal for Financing Health Care of the Elderly*, Report of the Board of Trustees to the House of Delegates Annual Meeting, Chicago, Illinois, June 1986.) It is long overdue!

Remember, *we* are the government and your patients are voters, too. Lobby them. If, as a physician, you perceive politics to be beneath you — reconsider Rudolf Virchow's observation that "medicine is in essence a social science and politics is nothing more than medicine on a larger scale."

Expand your practice a little! ■

Neil O. Ward, M.D., President

AMA Slates Conference on Impaired Physicians

The American Medical Association will host a national conference on impaired physicians and other health professionals October 8-11, 1987, at the Drake Hotel in Chicago.

This is the eighth in a series of conferences sponsored by the AMA since the release of its landmark report 15 years ago entitled, "The Sick Doctor: Impairment by Psychiatric Illness, Including Alcoholism and Drug Dependence." The focus will be on the need for increased collaborative efforts among the health professions in educating not only themselves but also state licensure boards and medical educators.

To further emphasize the collaborative need, the conference is being co-sponsored by five other professional associations: The American Dental Association, American Nurses Association, American Pharmaceutical Association, American Podiatric Medical Association and American Veterinary Medical Association.

Persons wishing registration or program information should contact Janice Robertson at 312/645-5079.

Defibrillators

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The automatic devices take responsibility for rhythm identification away from prehospital rescuers, which can be beneficial especially in rural areas, where volunteers are trained to respond to emergencies. The researchers did encounter reluctance by some EMTs to use the new devices, especially those who had been previously trained with the standard devices and had been using them for more than eight years.

Thymic Tissue Transplants in AIDS

Thymic tissue transplants, in combination with antiviral drugs, may offer a means of immune system reconstitution in AIDS patients, suggests a study in the March *Archives of Internal Medicine*. John M. Dwyer, PhD., M.B., B.S., now of the University of New South Wales, Kensington, Australia, and colleagues transplanted tissue from the immune-regulating thymus gland into 15 AIDS patients. The study says the procedure seemed to prompt partial, though selective and transient repopulation of the

circulating T-cell pool in eight patients. In addition, the number of T8, but not T4, cells increased in eight patients a few weeks post-transplant; this was associated with some clinical improvement. "Thymic tissue transplantation as a single therapeutic maneuver is unlikely to reconstitute the immune system of patients with AIDS, but the potential of the approach, used in combination with agents that block replication of (the AIDS virus), deserves further study," the report says.

Transfusion May Lower Cancer Survival

Blood transfusions may negatively affect survival for some cancer patients, a study in the March *Archives of Otolaryngology-Head and Neck Surgery* suggests. Jonas T. Johnson, M.D., of the University of Pittsburgh School of Medicine, and colleagues studied 179 patients who underwent surgical treatment for advanced squamous cell cancer of the head and neck, correlating treatment outcome with transfusions. Seventy-three percent of patients not needing a transfusion sur-

vived three years free of disease, the study says, compared with 47 percent of patients receiving three or four units of transfused blood, while 40 percent of patients receiving five units or more survived two years free of disease. "Blood transfusion may be detrimental to the management of patients with malignant neoplasms," the study concludes. "The mechanisms through which blood transfusion affects malignant neoplasms are unknown."

Biochemical Factors in Arsonists

Poor control of impulsive, violent behavior, like arson, is associated with certain biochemical indicators; specifically, low levels of the key neurotransmitter serotonin and a hypoglycemic tendency, a study in the March *Archives of General Psychiatry* finds. Matti Virkkunen, M.D., of the University of Helsinki, Finland, and colleagues studied cerebrospinal fluid for an index of serotonin levels in 20 arsonists, 20 habitually violent offenders and

10 healthy people. Concentrations of this chemical indicator, called 5-HIAA, were significantly lower in the arsonists than in the others. In addition, the severity of repeated fire-setting behavior correlated with a measure of hypoglycemic tendency in the arsonists. The study suggests low serotonin, previously suspected in violence, may predispose for the low blood sugar levels, suspected in poor control of impulsive behavior.